

MediCopy Services, Inc.
PO Box 331787
Nashville TN 37203

PAID



PHONE: 866-587-6274 TAX ID 75-3134811

TIANO ODELL
118 CAPITOL STREET
P.O. BOX 11830
CHARLESTON WV 25339

Invoice # 180831
Invoice Date October 3, 2014
Balance Due (USD) \$0.00

Item	Description	Unit Cost	Quantity	Line Total
LORMCMR	HEALTH INFORMATION REQUESTED FROM LOGAN REGIONAL MEDICAL CENTER	10.00	1	10.00
	MEDICAL RECORDS RETRIEVAL FEE			
LORMCMR1	MEDICAL RECORDS @ .75 PER PAGE HEALTH INFORMATION REQUESTED FROM: LOGAN REGIONAL MEDICAL CENTER	0.75	92	69.00
FAX	FAXED RECORDS FROM SECURED DATA LINE (RECORDS ATTACHED)	0.00	1	0.00

Total 79.00
Amount Paid -79.00
Balance Due (USD) \$0.00

Terms

DUE ON RECEIPT

NOTICE: A \$5.00 LATE FEE WILL BE
ASSESSED TO YOUR INVOICE/ACCOUNT
IF PAYMENT IS NOT RECEIVED WITHIN 30 DAYS.

Notes

JASON GRAZUTIES